



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION

NEW LICENSE APPLICATION  
BOARD OF MARRIAGE AND FAMILY THERAPY

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at **1-877-687-8881**, Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)**

**SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)**

- ☐ MFT – Marriage and Family Therapy by Examination \$262.00
- ☐ MFT – Marriage and Family Therapy by Re-Examination \$85.00
- ☐ MFT – Marriage and Family Therapy by Endorsement \$262.00
- ☐ Duplicate Registered License Print (limit 5) \_\_\_\_ X \$34.00 = \$ \_\_\_\_ .00

**Total Enclosed** \$ \_\_\_\_ .00

**MAIL TO:**

Department of Health  
Health Professional Licensing  
Administration  
Board of Marriage and Family Therapy  
717 – 14<sup>th</sup> Street, NW, Suite 600  
Washington, DC 20005

**Walk-in Service**

**Monday through Friday, 9am to 4pm**

717 – 14<sup>th</sup> Street, NW, Suite 600  
Washington, DC 20005

Make check or money order payable to:

DC Treasurer.

**HPLA ONLY**

**Check \$**

**Check #**

**Staff**

\$ \_\_\_\_ .00

**SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION**

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

If applicant does not provide a social security number, a sworn affidavit is required.

M M D D Y Y Y Y  
\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PLACE OF BIRTH

Provide City and State for US birthplace or Country for foreign place of birth.

☐ Male ☐ Female

**GENDER**

Please check the correct box.

**Section 2A. PREVIOUS NAMES**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

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**Section 3A. HOME ADDRESS**

Even if you have a PO Box, a street address should also be provided, if applicable.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE

ZIP CODE + 4

HOME PHONE NUMBER

HOME FAX NUMBER

E-MAIL ADDRESS

**Section 3B. BUSINESS ADDRESS**

**Please note: This information will be made available to the public.**

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE

ZIP CODE + 4

BUSINESS PHONE NUMBER

BUSINESS FAX NUMBER

E-MAIL ADDRESS

**Section 3C. PREFERRED MAILING ADDRESS**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

☐ HOME

☐ BUSINESS

**Section 4. PROFESSIONAL SCHOOLS ATTENDED**

List all professional schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

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**Section 5. POSTGRADUATE WORK EXPERIENCE**

List all work experience since graduation from college, university and professional school, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

**\* TYPE OF POSITION KEY**

- |                                 |   |
|---------------------------------|---|
| A. Employment                   | E. Internship                                 |
| B. Private Practice             | F. Other (specify on separate sheet of paper) |
| C. Clinical Rotations Practicum |   |
| D. Instructor / Supervisor      |   |

**Section 6A. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a license. Provide letters of verification all jurisdictions regardless if they are active, inactive or expired.

Jurisdiction	Date License Was First Obtained	License Number

**SECTION 6B. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package **or** requested to be sent to the Board of Marriage and Family Therapy. Keep a photocopy of all supporting documents for your records.

**HPLA ONLY**

	YES	NO	
A. Completed and signed application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. <u>The photos must be original photos and cannot be computer-generated copies or paper copies.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Official transcript (with seal) may be sent directly from the school, but is preferred that it accompanied the application in a sealed envelope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. All applicants are required to have a passing score on the Marital and Family Therapy Examination or other accepted examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. A statement of good standing from all jurisdictions where the applicant is currently licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Completed Supplemental Form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Copies of legal documents supporting all name changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. If you were grandfathered into your original state of licensure, please list the state: _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.**

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this application.

**HPLA  
ONLY**

**Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.**

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

Yes      No  
☐      ☐

- A.
1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
  2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
  3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
  4. Past due taxes;
  5. Past due District of Columbia Water and Sewer Authority service fees; or
  6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES      NO  
☐      ☐

- B. Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?

YES      NO  
☐      ☐

☐

- C. Are you now or have you ever been registered or licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)

YES      NO  
☐      ☐

☐

- D. Have you ever been party to a malpractice action or had a malpractice action brought against you?

YES      NO  
☐      ☐

☐

- E. Have you ever voluntarily surrendered a license or registration certificate after formal charges have been filed against you or while under investigation?

YES      NO  
☐      ☐

☐

- F. Have you ever been terminated from or resigned from a clinical or professional training program?

YES      NO  
☐      ☐

☐

- G. Do you have a physical or medical condition that currently impairs your ability to practice your profession?

YES      NO  
☐      ☐

☐

- H. Has the use of drugs and/or alcohol resulted an impairment of your ability to practice your profession?

YES      NO  
☐      ☐

☐

- I. (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?

YES      NO  
☐      ☐

☐

- J. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?

YES      NO  
☐      ☐

☐

- K. Have you ever been censured or found guilty of any unethical practices by a state or private license, certification board, or a professional organization of which you were a member? If yes, please explain on the supplemental information form.

YES      NO  
☐      ☐

☐

**SECTION 8. LICENSEE AFFIDAVIT**

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

**LICENSEE SIGNATURE**

**NAME (Please Print)**

**DATE**

**HPLA  
ONLY**

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**To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.**